MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
09802603	03-09-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13	/						63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24	/						74							
25		/					75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		/					82							
33		/					83							
34		/					84							
35		/					85							
36		/					86							
37		/					87							
38		/					88							
39	/						89							
40		/					90							
41		/					91							
42	/						92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		2					98							
49							99							
50							100							
TOTAL IND.	5	↓		↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.	43	←		←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS	48						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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